RCE/2700

Application Number	09/211942
Filing Date	December 15, 1998
First Named Inventor	Jim A. Larson
Group Art Unit	2673
Examiner Name	Amare Mengistu
Attorney Docket Number	884.078US1
Customer No.	21186

REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.
See The American Inventors Protection Act of 1999 (AIPA).

This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application entitled POINTING DEVICE WITH INTEGRATED AUDIO INPUT.

Submission required under 37 C.F.R. § 1.114

1. __ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on .

2. __ Consider the arguments in the Appeal Brief or Reply Brief previously filed on .

3. X An Amendment and Response Under 37 CFR § 1.116 (27 pages) is enclosed.

4. __ A new power of attorney (pages) is enclosed.

5. X An Information Disclosure Statement is enclosed (2 pages).
   a. 1 Form(s) 1449
   b. 2 Copies of IDS Citations

6. X Authorization to charge Deposit Account No. 19-0743 in the amount of $770.00 to pay the RCE filing fee required under C.F.R. § 1.17(e).

7. X **The Commissioner is hereby authorized to credit overpayments or charge any fees set forth in 37 CFR §§ 1.16 through 1.18 to Deposit Account No. 19-0743.**

8. __ A Petition for Extension of Time in the prior application (pages) is enclosed along with a check in the amount of to pay the extension fee.

9. X Others: proposed amended Figs. 7 and 8, each identified as "REPLACEMENT SHEET" (2 pgs.).

RECEIVED

APR 1 5 2004

Technology Center 2600

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

By: _Ann McCrackin_
Atty: Ann M. McCrackin
Reg. No. 42,858

04/13/2004 SZEWDIE1 00000159 190743   09211942
01 FC:1801   770.00 DA

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Attn-Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 8 day of April 2004.

KACIA LEE
Name

Kacia Lee
Signature

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	27 minus 20= *	Ø
INDEPENDENT CLAIMS	5 minus 0 = *	Ø
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	770.00
X$ 9=		OR	X$18=	
X43=		OR	X86=	/
+140=		OR	+280=	
TOTAL		OR	TOTAL	770.

CLAIMS AS AMENDED - PART II

AMENDMENT

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 24	Minus	** 27	= Ø
Independent	* 4	Minus	*** 5	= Ø
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+140=		OR	+280=	-
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43 =		OR	X86=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43 =		OR	X86=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.